

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>g.l.</i>		
O.I.P.E. CLASSIFIER	<i>pw</i>	<i>32</i>	<i>12/21/98</i>
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW	<i>AB</i>	<i>#07433</i>	<i>1-24-00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	<i>10/26/98</i>
2	<i>10/26/98</i>
3	<i>10/26/98</i>
4	<i>10/26/98</i>
5	<i>10/26/98</i>
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50	<i>10/26/98</i>

Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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